

## Borrowing Vaccine in KSWebIZ (Direct Entry Users Only)

1. Search patient
2. Update VFC Eligibility in patient demographics

PROVIDER: KANSAS WEDIZ TRAINING  
CLINIC: KANSAS WEDIZ TRAINING

**SIMPSON, BART L**

ID: 2    DOB: 03/06/2009    AGE: 6Y 2M 26D    GENDER: M    GENERATION: JR

**Patient Demographics**

Click "Update" to save the record or "Cancel" to return to the previous page.

Immunization Record (Pink Card)  
Immunization Certificate (KCI Form)

Adopt Patient

Edit    **SIMPSON, BART (2) DOB: 03/06/2009 AGE: 6Y 2M 26D**

Update    Cancel

Patient Info | Alias | Health Ins | Contact Info | Address | Race/Ethnicity | Employment Info | Recommender | Medical Home Information | Birth Info

Address History    Insurance History    Campaign Responder    Default Clinic    Contacts    Set Defaults

**Patient Information**

Last Name	First Name	Middle Name	Generation Title/Credential
SIMPSON	BART	L	JR

Gender: MALE    DOB: 03/06/2009    Birth Time: (HH:MM:AP)

**VFC Eligibility**

- (6) FULLY INSURED (<19YRS)
- (1) TITLE 19 (<19YRS) [MEDICAID]
- (3) UNINSURED (<19YRS)
- (4) AMERICAN INDIAN/ALASKAN NATIVE/E(<19YRS)
- (5) UNDERINSURED (<19YRS) [RHC/FQHC/ID ONLY]
- (6) FULLY INSURED (<19YRS)
- (7) UNINSURED ADULT
- (8) FULLY INSURED ADULT
- (9) UNDERINSURED (<19YRS) [HD ONLY]
- (2) TITLE 21 (<19YRS) [SCHIP-STATE]
- (11) NOT VFC ELIGIBLE
- (10) VFC ELIGIBILITY NOT DETERMINED/UNKNOWN

Interpreter Needed? ☐

**Alias**

Last Name	First Name	Middle Name	Generation
SIMPSON/BURNS	BARTHOLOMEW	LOGAN	

3. Select *Update*
4. Go to the patient immunization page
5. Select *Add Vaccines*
6. Enter the *Vacc Date*
7. Select the vaccines you plan to administer
8. Select *Create and Administer*
9. Select the name of the person that administered the vaccine
10. Select the vaccine given with the correct lot number, manufacturer, expiration date, and funding source
11. A pop up notification will appear

PROVIDER: KANSAS WEIZ TRAINING, CLINIC: KANSAS WEIZ TRAINING

**SIMPSON, BART L**

ID 2 DOB: 03/06/2009 AGE: 6Y 2M 26D GENDER: M GENERATION: JR

**Immunizations**

Click "Update" to save the record or "Cancel" to return to the previous page.

**Administer** **SIMPSON, BART (2)** DOB: 03/06/2009 AGE: 6Y 2M 26D

Priority Group:

**Vaccine** **DTaP-HepB-IPV (Pedia)**

**Administered By** **M, I (RN)**

**DTaP-HepB-IPV (Pedia)** **Mfg | Lot | Exp Date (MM/DD/YY) | Funding Src**  
**131 008 | B2C18103038 | 12/12/13 | V**

**Did not Admin** **Body Site** **Route** **Dosage** **Ref**  
☐

**Delete** **VFC: Fully Inactivated (<19yrs)**

**Message from webpage**

You have selected a Vaccine with a funding source marked as VFC. However this funding source is not appropriate per the patient's VFC Eligibility status of Fully Inactivated (<19yrs). If this is what actually was administered then press Ok to continue, otherwise press Cancel to change the information before proceeding.

**DTaP-HepB-IPV (Pedia)**

**OK** **Cancel**

12. Select *OK* to proceed or *Cancel* to go back and make changes
13. The screen will refresh and prompt you to enter a borrowed reason and comment
  - a. Please be sure to select the borrowed reason the reflects exactly why you borrowed

- Be sure to also update the body site of where the vaccine was administered
- Select *Update*

PROVIDER: KANSAS WEBIZ TRAINING, CLINIC: KANSAS WEBIZ TRAINING

**SIMPSON, BART L**  
ID: 2 DOB: 03/08/2009 AGE: 8Y 2M 26D GENDER: M GENERATION: JR

**Immunizations**  
Click "Update" to save the record or "Cancel" to return to the previous page.

**Administer**

Priority Group: [ ]

Vaccine: DTaP-HepB-IPV (Podo) M, I (RN) [ ]

Administered By: M, I (RN) [ ]

Refusal Reason: [ ]

Mfg | Lot | Exp Date (MM/DD/YY) | Funding Src | Inv Loc | NDC | Brand  
[13] 998 | AC108100AS | 10/10/15 | VFC | [ ]

Did not Admin [ ] Body Site: [ ] Route: [ ] Dosage: [ ] Refusal Reason: [ ] Campaign: [ ]  
Delete [ ] Borrowed Reason: [ ] Comment: [ ]

VFC Fully Insured (<10yrs) LACK OF STOCK DUE TO DELAYED SHIPMENT HURRICANE IN COLORADO CAUSED DELAY

**Update** **Cancel**

### Running a borrowing report from KSWebIZ...

- Select *Reports* on your right hand menu
- Scroll to the *Coverage Statistics* report section and select the *Vaccine Borrowing Report*

PROVIDER: KANSAS WEBIZ TRAINING, CLINIC: KANSAS WEBIZ TRAINING

Report not available - Immunization Rates (See School Nurse App)  
Report not available - Immunization Rates - Datamart (See School Nurse App)  
Report not available - Patient Reminder/Recall (See School Nurse App)

**Student Grade Advancement**  
**Student Roster**

**Coverage Statistics**

Clinic Immunization Count  
Dosage Report  
Doses Administered  
H1N1 Reminder/Recall  
H1N1 Vaccinations by Age and Dose  
Immunization Rates  
Immunization Rates - Datamart  
Invalid Doses  
Patient Counts by Age and Insurance Source  
Patients Aged Out of their VFC Eligibility Code  
Vaccinations by Funding Source  
[Vaccine Borrowing Report](#)  
VFC Category Patient Count Report

**Data Quality - User**

Data Quality - Statistics - Scheduled  
Data Quality - Statistics  
Data Quality - Patient Exceptions

- Enter your criteria as seen below

PROVIDER: KANSAS WEBIZ TRAINING, CLINIC: KANSAS WEBIZ TRAINING

**Vaccine Borrowing Report**  
Enter the selection criteria and click "Run Report" or click "Cancel" to return to the previous page.

**Report Selection Criteria**

Provider: [KANSAS WEBIZ TRAINING]  
Clinic: [KANSAS WEBIZ TRAINING]

Practice Type  
Apply criteria to: ☒ Provider ☐ Clinic  
[ALL]  
CLINIC  
EMERGENCY ROOM  
FAMILY PRACTITIONER  
HOME CARE  
PEDIATRIC  
URGENT CARE  
Note: Hold the Ctrl key to select multiple items.

Vaccination Date Range  
From: 06/01/2015 Through: 06/30/2015  
☐ Include Doses Administered With Appropriate Funding Source  
☒ Include Doses Administered With Inappropriate Funding Source

Vaccine Funding Sources  
[317]  
CHIP  
CHIP WASTAGE REPAYMENT  
VFC  
VFC WASTAGE REPAYMENT  
BT FUNDS  
GENERAL FUNDS  
PHIP FUNDS  
Note: Hold the Ctrl key to select multiple items.

Output Type: ☒ PDF ☐ EXTRACT - Delimiter: [ ]

**Run Report** **Cancel**

- Select *Run Report*

5. You will see a report pop up like below



**Kansas Immunization Registry  
Vaccine Borrowing Report**

June 01, 2015

Provider = KANSAS WEBIZ TRAINING, Clinic = KANSAS WEBIZ TRAINING, Vaccination Date From = 06/01/2015, Vaccination Date Through = 06/30/2015, Funding Appropriate = No, Funding Inappropriate = Yes, Funding Sources = CHIP, PRIVATE, VFC, Practice Type = (ALL), Practice = PROVIDER

<u>Vaccination</u>	<u>Stock Used</u>	<u>Reason Appropriate, Vaccine Stock was not used-use legend code</u>	<u>Given On</u>	<u>Given By</u>	<u>Date Dose Returned, to Appropriate Stock</u>	<u>Returned by</u>
<b>SIMPSON, BART (2) - DOB: 03/06/2009</b>						
DTaP-HepB-IPV (Pedia	VFC	1	06/01/2015	1 M		
DTaP-HepB-IPV (Pedia	VFC	1	06/01/2015	1 M		
DTaP-HepB-IPV (Pedia	VFC	1	06/01/2015	1 M		

**Totals per Vaccine Funding Source and Vaccine Eligibility:**

<u>Funding Source</u>	<u>Vaccine Eligibility</u>	<u>Count</u>	<u>Compliant</u>
VFC	Fully Insured (<19yrs)	3	No

**Report Totals:**

Patients:	1
Vaccinations:	3
Funding Compliant Vaccines:	0
Funding Non-Compliant Vaccines:	3

**Vaccination Totals:**

<u>Vaccination</u>	<u>Count</u>
DTaP-HepB-IPV (Pedia	3

I hereby certify, subject to penalty under the False Claims Act (31 U.S.C §3730) and other applicable Federal and state law, that VFC vaccine dose borrowing and replacement reported on this form has been accurately reported and conducted in conformance with VFC provisions for such borrowing and further certify that all VFC doses borrowed during the noted time period have been fully reported on this form

Provider Name: \_\_\_\_\_ Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Vaccination	Stock Used	Reason Appropriate, Vaccine Stock was not used-use legend code	Given On	Given By	Date Dose Returned, to Appropriate Stock	Returned by
Reason for Vaccine Borrowing and Replacement Coding Legend						
Reason for Borrowing Dose		Code		Reason for Borrowing Dose		
LACK OF STOCK DUE TO DELAYED SHIPMENT		1		VACCINE SPOILED IN TRANSIT		
NEW STAFF CALCULATED INVENTORY INCORRECTLY		3		REPAYMENT OF BORROWED VACCINE TO VFC		
REPAYMENT OF BORROWED VACCINE TO CHIP		5		REPAYMENT OF BORROWED VACCINE TO PRIVATE		
TRAVEL VACCINE		7				
<b>WHAT TO DO WITH THIS FORM:</b>						
Completed forms must be retained as a VFC program record and made available to the State/Local or Territorial Immunization Program upon request.						

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